

PRINCE EDWARD ISLAND

A. A. Archibald,
Lester Brehaut,
G. F. Dewar,
E. G. Gillis,
Ingram Jardine,
J. S. Jenkins,
S. R. Jenkins,
H. D. Johnson,

J. A. McPhee,
J. D. McGuigan,
W. P. McMillan,
J. W. McKenzie,
J. F. McNeill,
J. C. Simpson,
E. E. Sinclair,
R. F. Seaman,

PRINCE EDWARD ISLAND—Continued

E. G. Tanton,
W. F. Tidmarsh,

I. J. Yeo.

MISCELLANEOUS

"A Debtor,"
Stanley Finley,
L. G. Rowntree,
Mrs. A. Primrose.

Osler Club (University
of Alberta).
Federation of Medical
Women of Canada.
J. HEURNER MULLIN

Provincial Association Notes

ANNUAL MEETING: ONTARIO MEDICAL ASSOCIATION

REMEMBER—Hamilton the Convention City—Ontario Medical Association Meeting

May 28, 29, 30, 31, 1929

Time	Tuesday	Wednesday	Thursday	Friday
7.30- 8.30		Clinics at Hospitals.	Clinics at Hospitals.	Clinics at Hospitals.
8.30- 9.00		INTERMISSION		
9.00-11.00	Business Sessions.	Sectional Meetings— 4 papers.	Sectional Meetings— 4 papers.	Sectional Meetings— 4 papers.
11.00-11.15		INTERMISSION		
11.15-12.45	Business Sessions.	General Sessions— 3 papers.	General Sessions— 3 papers.	General Sessions— 3 papers.
12.45- 2.30		LUNCH INTERMISSION		
2.30- 4.30	General Sessions— 4 papers.	General Sessions— 4 papers; and Golf Tournament.	General Sessions— 1 paper. Garden Party.	General Sessions— 4 papers.
4.30- 7.00		INTERMISSION		
7.00-10.00	Round Table Dinner.	President's Address.	Alumni Dinners.	Home.
10.00-12.00	Entertainment.	Entertainment.	Entertainment.	

Medical Societies

ROYAL SOCIETY OF MEDICINE

Cardiac Stimulants

A recent address* by Prof. J. A. Gunn has brought out the conflicting state of opinion regarding cardiac stimulants. He points out that not only are there discrepancies between the clinical and pharmacological evidence regarding these stimulants, but there is also disagreement amongst the clinicians themselves and even more amongst the pharmacologists. This confusion depends largely on the fact that research as to

the therapeutic value of drugs of this class has not taken full advantage of our newer knowledge regarding the circulation. Modern views assign more and more importance to the capillary circulation, but, speaking generally, physiological and pharmacological research has paid more attention to the wholesale distribution of the blood and such factors as the output of the heart, the calibre and elasticity of the vessels, the rate of blood flow, etc.

Evidence of the discrepancy between our present knowledge of the circulatory machinery and clinical views is shown in our attempts to explain failure of the circulation. We are still too frequently apt to say that there has been cardiac

* Section of Therapeutics and Pharmacology of Royal Society of Medicine. Presidential Address (condensed), *Brit. M. J.* 2: 702, 1928.

failure, when in fact the heart may have had nothing to do with the failing of the circulation. This introduces the question of what cardiac failure means. Proper classification is necessary. Cardiac failure may occur early in chloroform administration, from ventricular fibrillation, or later from paralysis of the heart muscle, combined with paralysis of the vasomotor and respiratory centres. In the first instance epinephrin will do more harm than good; it may save life in the other instance.

Hence a proper classification is also required of cardiac stimulants. But what do we mean exactly by a "cardiac stimulant"? Digitalis is perhaps the most clearly understood of these (although by no means completely so), but this drug he did not discuss. Strychnine, however, is used with less general agreement as to its action. It does not act directly on the heart muscle, and yet it is largely used by clinicians in cases of failure of the circulation with weakness of the heart. Prof. Gunn holds that its value lies in its stimulation of the vasomotor and respiratory centres. He does not believe that in respect of any action on the heart muscle it has ever saved or prolonged a life.

Three points with regard to its therapeutic value were not sufficiently recognized. So far as the circulation was concerned, it would seem useless to employ it unless the primary failure was vascular and not cardiac; therefore, precision in diagnosis was necessary to define those cases in which its action was likely to be useful. In the second place, assuming that vascular and not primary cardiac paresis was diagnosed, there were other points which would modify the action of strychnine. In the reaction of the nervous system, for example, the effect of stimulation depended upon the excitability of the system at the time. If the vasomotor centre was depressed by toxins strychnine might have little or no action. Finally, there was the important question of dosage. In his own clinical experience he had seen effects from strychnine only when it was given in doses of one-tenth to one-eighth of a grain. With regard to alcohol, the antagonistic views obtaining were due to the fact that alcohol was administered in two different ways, and its action differed according to the method of administration. Concentrated alcohol in the form of whisky or brandy in small amounts had been given, for example, in cases of fainting occurring in more or less healthy people. The speaker agreed with the traditional and popular view that this brought about some improvement in the circulation. The effects appeared too soon after administration to allow them to be ascribed to any action following upon

absorption; they were reflex. It should be remembered that even if brandy produced no marked reflex effect on the healthy conscious person it did not follow that it would not affect a patient semi-conscious or unconscious owing to some failure of circulation; although brandy might produce a reflex effect on the medullary centres in such a case, it did not follow that it would produce the same effect in a patient suffering from gradual circulatory failure occurring in the course of a long illness. After its absorption alcohol caused some redistribution of the circulation; of this there could be no doubt in view of the flushing which followed. Alcohol altered the distribution of the blood in the direction of increasing the blood flow through the skin at the expense of the internal organs; as to when, if ever, an action of this kind benefited the patient generally it was difficult to say. Camphor, again, had been widely used as a stimulant in cases of circulatory failure, and the most divergent results had been obtained. No decisive proof had been forthcoming of any direct action on the cardiac muscle. As in the case of alcohol, more had been claimed for camphor than simply the reflex effect on the medullary centres, and it was reputed to have some beneficial effect on the circulation after absorption. Both alcohol and camphor brought about some redistribution of the blood, and it was to this, not to any cardiac action, that the improvement in the circulation was due. In the case of adrenalin, however, agreement was fairly general; everyone knew the kind of weapon which was being employed. In normal blood pressure the effect of adrenalin was transient; in conditions of low blood pressure and feeble heart-beat adrenalin might produce a lasting improvement in the circulation. The transient nature of its action in some cases, therefore, was no valid objection. Another point was that its action was independent of the condition of the central nervous system at the time. On the other hand, adrenalin was a two-edged weapon, and the tendency had been rather to restrict its use to forlorn hopes. With increasing familiarity with its action and dosage, perhaps the clinical use of it in acute cardiac failure would increase, especially in the direction of employing repeated small intravenous injections rather than one single dose. The action of pituitrin on the circulation was relatively small. It did not discriminate between the splanchnic and other vessels in the way that adrenalin did, and therefore did not cause the same redistribution of blood. It had no action on the heart, and was of no value in circulatory failure primarily due to heart failure.

The autumn meeting of the Ontario Neuropsychiatric Association was held at the Psychiatric Hospital, Toronto, on November 16, 1928.

The business session was called to order at 5 p.m. by the President, Dr. R. G. Armour. The minutes of the last meeting were read by the Secretary and adopted. It was decided that the journal of the association be published after each meeting, and that arrangements be made for its wider circulation.

The following officers were elected for the ensuing year: Honorary President, Hon. L. Goldie; President, Dr. F. S. Vrooman; Vice-president, Dr. H. Glare; Secretary, Dr. Geo. C. Kidd; Executive Committee, Drs. Crawford, McLean, McGhie, Ryan, Stevenson, McKay, Hincks.

The evening session was called to order at

8.30 p.m., the President in the chair. Dr. Kells, of Brockville, read an interesting paper on "Flagstones leading to the pathway to dementia præcox." Discussion of this paper was opened by Dr. Farrar, Psychiatric Hospital, and further discussion conducted by Drs. Ryan, Robinson, Lewis, Boyer and Armour.

Dr. C. S. Tennant, London, Ontario, read a paper, "Impressions gained on a visit to Ward's Island." Dr. C. N. Crawford and Dr. McGeoch presented two very interesting clinical cases which brought out a great deal of discussion concerning diagnosis and prognosis.

The President extended a hearty vote of thanks to Dr. Farrar and staff, on behalf of the members of the Association, for their hospitality.

The meeting adjourned at 10.45 p.m.

GEORGE C. KIDD

University Notes

McGill University

The following recent appointments are announced at McGill University:

Boris P. Babkin, M.D. (St. Petersburg), D.Sc. (Lond.), Research Professor of Physiology;

N. J. Berrill, B.Sc., Assistant Professor in Zoology;

W. V. Cone, B.S., M.D., Lecturer in Neurological Surgery;

David L. Thomson, B.Sc., M.A., Lecturer in Bio-chemistry;

D. J. Bowie, M.D., Research Fellow in Histology and Physiology.

Word has been received that Dr. Edward W. Archibald, Professor of Surgery in the Medical Faculty of McGill University and senior surgeon of the Royal Victoria Hospital, has been elected a Corresponding Member of the Royal Academy of Medicine of Rome, Italy, an honour rarely accorded even to distinguished foreigners. In the same week, Dr. Archibald was also accorded another honour, being made a Foreign Associate Fellow of the College of Physicians of Philadelphia. Dr. Archibald recently returned from Paris, France, where he went by special

invitation to deliver a lecture on one of his specialties before the Congress of Surgery of France.

We are pleased to note that Dr. A. T. Bazin, Professor of Surgery at McGill, has also been elected a Corresponding Member of the Royal Academy of Medicine of Rome, an honour thoroughly deserved.

University of Montreal

After spending two months in France and Belgium, visiting medical schools, laboratories and hospitals, Dr. Louis de Lotbinière Harwood, Dean of the Medical Faculty of the University of Montreal, returned to Montreal recently. Lyons, Strassburg, Brussels, and Paris were his main points of stay. He found the Canadian students in Paris, and especially the fifty-two medical students, quite happy and contented. He was greatly impressed by the new laboratories at Lyons, where some 1,500 students attend the courses of the medical faculty. Dr. Harwood commented favourably on the energetic research work being done in France in connection with the cancer situation. He will later give a detailed report on his observations.

Women in Turkey were not allowed to study medicine until 1922, and the first to complete the curriculum obtained their licence in 1927. A certain number of Turkish women had already obtained qualifications in other countries, so that at the present time there are over fifty women doctors in Turkey.—*Brit. M. J.* 2: Oct. 27, 1928.

G. Chetschinoff (*Odessa Med. J.* 3: 217, 1928) records a case in which he found ten tapeworms, *tæniæ saginatae*, at autopsy. The diagnosis was confirmed by micrometric methods, and by examination of the eggs and heads of the worms. Such cases are rare. Up to the present time only two cases of multiple *tæniæ* in the intestine have been described, by Riehl.